

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009213

Entity Name: IGLESIA CRISTIANA PENTECOSTAL QUEBRANTANDO YUGOS INC.**FILED**
Mar 07, 2022
Secretary of State
6265706735CC**Current Principal Place of Business:**5915 KALOGRIDIS RD.
HAINES CITY, FL 33844**Current Mailing Address:**5915 KALOGRIDIS RD.
HAINES CITY, FL 33844**FEI Number: 38-3790672****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARTINEZ, BARBARA
987 SUFFOLK PLACE
DAVENPORT, FL 33896 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MARTINEZ, BARBARA
Address	987 SUFFOLK PLACE
City-State-Zip:	DAVENPORT FL 33896

Title	SUB TREASURER
Name	RAMOS, PRISCILLA
Address	5501 WATKINS RD
City-State-Zip:	HAINES CITY FL 33844

Title	SUB SECRETARY
Name	CARRION , ABISABEL
Address	4003 RUBY RUN
City-State-Zip:	HAINES CITY FL 33844

Title	VOCAL
Name	SOTO CABAN, DANNETTE
Address	411 N 14TH ST
City-State-Zip:	HAINES CITY FL 33844

Title	TREASURER
Name	GONZALEZ, ELIZABETH
Address	5609 ROYAL HILLS DR
City-State-Zip:	WINTER HAVEN FL 33881

Title	SECRETARY
Name	PADILLA, SARAH G
Address	13784 BRIDGEWATER CROSSINGS BLVD APT 107
City-State-Zip:	WINDERMERE FL 34786

Title	VOCAL
Name	CASILLAS, IRENE M
Address	575 LIVE OAK AVE. W UNIT I-301
City-State-Zip:	HAINES CITY FL 33844

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SARAH G PADILLA**SECRETARY****03/07/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date